

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	54	600245	6-18-98
O.I.P.E. CLASSIFIER		49	6/23/98
FORMALITY REVIEW		CSN/3	6/23/98

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N	..... Non-elected
I	..... Interference
A	..... Appeal
O	..... Objected

Claim	Final	Original	Date
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*Reviewing*

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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